PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09935521

		CLAIMS AS	MALL EN	ITITY		OTHER THAN						
			(Column 1)		(Column 2)		T	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			9				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			9 - minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			み ′ minus 3 =		* /			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							Ī	+135=		OR	+270=	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	7/0
CLAIMS AS AMENDED - PART II								•		•	OTHER	
(Column 1) (Column 2) (Column 2)								SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	E OL AUA	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JULIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)										ADDIT. FEE	
AMENDMENT B		CLAIMS	7. 7.7	HIGH	EST	(Column 5)	Ιг		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVI PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-					
							L	+135=		OR	+270=	
	•						Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						ŀ	+135=				
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er four	nd in the app	ropriate box	c in col	umn 1.	